

## **PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD**

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, August 9, 2018 at Health & Human Services; Sophie Beaumont Building; 111 N. Jefferson Street; Green Bay, WI 54301

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**Present:** Vice Chair, Paula Laundrie  
Carole Andrews, JoAnn Grascberger, Craig Huxford, Susan Hyland,  
Supervisor Aaron Linssen, Supervisor Alex Tran

**Excused:** Chair, Supervisor Tom Lund, Jesse Brunette

**Also Present:** Erik Pritzl, Executive Director  
Samantha Behling, Interim Nursing Home Administrator  
Jenny Hoffman, Community Services Administrator  
Eric Johnson, Finance Manager

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1. **Call Meeting to Order:**  
The meeting was called to order by Vice Chair Paula Laundrie at 5:15 pm.
2. **Approve / Modify Agenda:**  
GRASCHBERGER / ANDREWS moved to approve the August 9, 2018 Agenda.  
The motion passed unanimously.
3. **Approve Minutes of July 12, 2018 Human Services Board Meeting:**  
ANDREWS / HYLAND moved to approve the minutes dated July 12, 2018.  
The motion passed unanimously.
4. **Executive Director's Report:**  
Executive Director Erik Pritzl distributed his August 2018 report, as well as a secondary supplemental report on Youth Justice Corrections Overview.

### ***Strategic Planning:***

Pritzl provided a simple overview of the strategic planning efforts for 2018-2022. Information was given to Administrators and Program Area Managers to work on goals and objectives associated with core principles shown in the graphic within his report.

These core principles align with efforts already started in department, and nicely fit with Public Health who goes through a different process because of the Community Health Improvement Plan, as well some accreditation they are pursuing. Community Treatment Center (CTC) does a great job with quality improvement which supports the Quality Culture principal of the Strategic Plan.

### ***Community Services: Children Youth & Families***

We continue to see a high level of workload in Child Protection. The raw numbers are stabilizing in terms of overall reports, but we are seeing a larger share screened in and assessed; in particular sexual abuse and emotional damage as a percent have increased year after year. The complexity of those cases (sexual abuse and emotional damage) are so much more involved than other situations that are assessed like neglect and physical abuse — not that those are any less severe, because they are not, and trauma is trauma. But when

you start dealing with emotional damage which requires assessment by public professionals; or sexual abuse which requires multiple interviews and the child advocacy center; it speaks to the complexity.

For reference, Brown County is the 4<sup>th</sup> largest county in the State. Brown County is #3 for total (Child Protective Services) reports in the State. We are #2 for screened in reports, which means Milwaukee County is the only one higher than us right now. We have more screened in reports than Dane County which is twice the size (of Brown County).

HUXFORD: Would you say this is because we are more proactive?

PRITZL: In terms of total reports, you could say that could be a part of it. With all of the prevention education efforts in Brown County there is a lot of attention on this. For example, we did an event last year looking at abusive head trauma in children. We had medical professionals, law enforcement groups in the room. I think there is a lot more education in this area which could generate more reports, which could cause more screened in reports. We are good at collaborating and recognizing so that could be part of it.

HUXFORD: Some people would look at that number and be concerned, and I look at it as being a positive thing that we are proactive in those areas.

PRITZL: It is positive if we have the workforce to deal with the situation. That's what's of concern right now. Are we able to deal with this, and I think that's a challenge right now.

LAUNDRIE: Are you saying TBI (traumatic brain injury) with the head trauma? Are most TBI?

PRITZL: We are looking at that, as well as sentinel injuries. So we are trying to make sure that when children are seen by a medical professional, they understand what they are looking at; and if there are concerns, how they go about reporting it. (We need them) to do a good assessment because sometimes you see an injury and you don't recognize it as potentially a very early sign of abuse. So we are making sure people are better trained to spot sentinel injuries.

LAUNDRIE: I am very astounded by these statistics. Having worked in the schools, and having made numerous, numerous reports to Child Protective Services; the sexual abuse being up 17%, and emotional damage... emotional damage was almost impossible to prove, and to see it is up 26%. I agree with Craig (Huxford) in that I'm glad it is being recognized, but training needs to happen for families, caregivers.... That is a very high statistic – 26%. And like you (Pritzl) said, we need to look at more social workers, counselors and case workers.

PRITZL: That will be a lively discussion coming up in the next couple months.

LINSSEN: Is this something you foresee maintaining this level, or is this just one of those spikes that we occasionally get?

PRITZL: It has been trending upward slowly – the whole State has seen an increase, too. When I looked at comparable counties, Rock County stood out as being close to us, they are 60-70,000 less in population. So we are starting to see as a State, this has been of concern lately, the number of reports increasing, the complexity increasing. I think we saw it a bit earlier, and it is trending. I don't see it tapering, the caseloads right now are so high it would have to taper quite a bit to bring us down to a level that's manageable.

LINSSEN: Does your upcoming budget reflect the needs you have with this?

PRITZL: At this point we are in discussions around how to address this issue and to get additional resources. I am hoping when the budget is completed, it reflects this as a priority.

***Supplemental Information on Youth Corrections Overview:***

Pritzl requested Board members to take the report home to read for reference. This report came about due to questions Supervisor Linssen had at the Human Services Committee regarding correctional utilization in Brown County. The report walks through the different types of correctional placements as well as numbers over a period of time — 2012-2017. The State is going through major changes with youth corrections, at this time, in regard to where it is delivered, and who is delivering it. One of the questions raised was how much Brown County uses the services, and this report gives that information.

LAUNDRIE: Should we bring this back for our next meeting?

PRITZL: We can put it on next month's agenda as an item if anyone has questions.

LAUNDRIE: I will probably have questions.

PRITZL: I can make sure we have staff here to answer any questions.

LINSSEN: In regard to the utilization numbers provided, do those overlap, or are those different?

PRITZL: Are they separate service?

LINSSEN: In 2017, in the Serious Juvenile Offender Program – that's two people there and they are not included in the utilization number of Type 1 (Standard Corrections/Department of Juvenile Corrections)?

PRITZL: That is my understanding, but I cannot guarantee... that they couldn't have been in one with a Type 2 Status...

LINSSEN: That's eight total different juveniles.

***Community Services: Behavioral Health***

We recently had a survey in Comprehensive Community Services (CCS). During a survey, regulators come in and review policy, procedures, do audits of records, check documentation of records, sometimes talk to consumers, etc. The last time CCS was reviewed there were some issues -- like every County they noted -- to improve on. They don't provide a report at the end of the survey, but this time the surveyor said it was a clean survey, meaning there are no deficiencies, and they only asked for a couple of follow up documents. The CCS program generates about \$3.5 million in revenue and these are all services provided internally as well as contracted for individuals with mental health and substance abuse issues who are not living in an institutional placement thanks to this program. The clean survey is a testament to the staff in terms of what they've done to make it happen. The Quality Assurance position, that the Board supported, was helpful as it protected that service and revenue.

***Community Treatment Center:***

We still do not have a Community Treatment Center Administrator and are continuing with our Interim coverage which has been working pretty well. We are continuing with recruitment for the position.

We had a successful Nursing Home Survey which is covered in the CTC report.

HUXFORD / GRASCHBERGER moved to receive the Executive Director's Report and place on file. Motion carried unanimously.

5. **CTC Administrator Report including NPC Monthly Report:**

Erik Pritzl handed out and referred to the August report prepared by Interim Nursing Home Administrator Samantha Behling and himself.

***Nurse Call System:***

We are still working on the system that was replaced due to a lightning strike. New phones were ordered and delivered last week. Staff are using them and are providing feedback.

Interim Nursing Home Administrator, Samantha Behling, spoke regarding the latest Nursing Home Survey completed at CTC.

***Federal/State Regulatory Concerns/Surveys:***

Bayshore Village Nursing Home underwent the annual CMS State Survey July 30-August 1 for Medicaid and Medicare. Surveys tend to last seven days; ours was three days, and we had six State surveyors in the building over the consecutive days. They looked into a lot of things involving various departments but only found four very minor citations which is way below the State average for Nursing Homes.

The final survey statement has not been released, but what we expect to be cited on the "home-likeness" of residents' rooms. We have a few residents who don't have family involved, so they didn't have decorations in their private rooms. The rest of the environment of the Nursing Home is very home-like but there were a couple rooms without decorations, so we anticipate a citation on that. We are already putting things in place to make sure those private rooms are home-like.

Another citation is related to the Food Service department. There are a few residents in the building that receive all of their nutrition through a liquid diet. During the Surveyors' observations, they observed the texture was modified with water instead of milk. The citation is for palatable foods which means water tastes a little less attractive than milk when you alter food texture.

The other two of the four citations we are expecting is for Transfer Notice which is a form compliance. On that form is the notice of our bed-hold policy; and because we could not supply that form consistently, we were cited in two different areas, but only one document.

LAUNDRIE: I'm pleased to hear about those persons with no family, you are decorating their rooms, and taking steps to make them more home-like. I think atmosphere is important; the ambiance that exists in a room.

BEHLING: Something the Surveyors said last year, and again this year, they were very pleased with the interactions they saw between the staff and the residents. They were very impressed with the atmosphere and everything they observed. So even though we walked away with a few citations, it is something to brag about and be proud of.

LAUNDRIE: Congratulations.

ANDREWS: Is there a Girl Scout or Boy Scout Troop that might adopt a resident who doesn't have family in the area to provide projects, artwork, visits, etc.?

BEHLING: That is a really good recommendation that we can look into. I know some of our staff voluntarily donated things from their home already, but that could be an option. Thank you.

ANDREWS: The residents themselves may have old photo albums, and you could take some of the old photos and put them in frames or something.

LINSSEN / HYLAND moved to receive the CTC Administrator Report and place on file.  
Motion carried unanimously.

6. **Financial Report for Community Treatment Center and Community Services:**  
Finance Manager, Eric Johnson distributed his August report.

***Community Treatment Center:***

Overall, the financial statement shows a budget variance that is slightly favorable of \$9,000 or so. This does include an unbudgeted pension liability adjustment that has been mentioned in previous meetings this year (up to \$271,000 for six months). Without that payment, we would be about \$280,000 ahead of budget for the first six months of the year, which is a significant favorable variance for Community Treatment Center and bodes well for the financial picture for the facility this year.

The reason for the favorable variance is primarily additional revenue – Nursing Home rates and Hospital rates from Medicaid are higher than anticipated. There is some lag in Cost Reporting -- The Medicare Cost Report for the Hospital effects the Medicaid rate. There is also a Nursing Home Medicaid Cost Report so we are looking at ways to enhance, and it seems to have paid off with slightly higher rates. Good revenues are coming in for the Nursing Home and Hospital so far this year.

Other factors playing a part in the favorable variance is having a dedicated Economic Support staff member to assist with Medicaid applications. The sooner we can get people on Medicaid -- often there is lag between private pay and running out of funds and becoming Medicaid-eligible if there is a delay in the application.

Favorable collections activity is playing a part as we are refocusing on collections. We have changed our Collection Agency to the Bureau of the Wisconsin Department of Revenue. Going forward, they have more avenues for those who have the money to pay, but are not paying their bills; we will refer those to the State to do collections on our behalf.

LAUNDRIE: Who were you using in the past?

JOHNSON: We were using a private company called State Collections located in Madison. They had done a good job for us, but they only have so much authority and tools to use; where the State of Wisconsin has much more authority. They recently allowed Counties and other municipalities and certain public organizations to use their services within the last couple of years.

With the CBRF, there has been an increase in days; so we are doing better than budgeted days this year. Many of those days are MCO clients that we have negotiated favorable rates from and by expediting their applications to be a Medicaid MCO member helps when they land at the CBRF.

The expenses are at 52% but that includes the pension adjustment, but without that, it would be 50%. That also is adjusted for an encumbrance amount that shows in the financials. It is shown there because the funds are restricted because there is a purchase order. That will show as a use of funds in the final percentage column, so we need to adjust for that to show the actual expense for the year.

**Community Services:**

There is a very unfavorable rate for the first 6 months of year; we are about \$1 million off from budget. We recently looked into it to understand it better in our process for the 2019 budget. We have done the majority of the leg-work and analysis for the 2019 budget, but it is not completed yet. We projected the rest of 2018, and we have a good picture for the end of 2018; we realized we have been rather conservative in estimating revenues for the first six months, and also did not estimate anything toward some large settlements we anticipate at the end of the year. One is from the CCS program which pays 100% of your costs including indirect costs; so you do a cost report and then they allow those additional costs as part of the settlement for the cost report. So we will receive a settlement for the 2017 cost report before the end of 2018 and we anticipate that being a significant amount.

CCOP — Children's Community Options Program — that funding is available to us, but there's not a lot of cases that directly access those funds. However, we realized that when you have high CLTS costs, some of those are eligible to spill over — automatically be transferred to CCOP funding. So we hadn't estimated the revenue from that spill-over effect, which we anticipate will be significant based on our projections for the end of 2018. So we should see a favorable adjustment from CCOP at the end of 2018.

Those two revenue impacts as well as controls in purchase services — some of those purchase services were unexpectedly rather high in the first half of 2018 — are tapering off a bit. There is some additional focus on residential care centers for Youth Justice and Child Protective Services that we can reduce the length of stay for a number of those cases. These are very high cost cases — and average \$395 per day — similar to placing someone in a skilled nursing facility.

LINSSEN: The CCS programs settlement, how significant are we talking?

JOHNSON: CCS, we are anticipating \$500,000 or more.

LINSSEN: Is that where the half-million dollars in the second paragraph comes from?

JOHNSON: That just happens to be the similar amount. The CCOP should be hundreds of thousands too. So between those two, they should have an impact before the end of the year of just above \$800,000.

LINSSEN: So the \$1.1 million isn't as bad as it looks.

JOHNSON: Correct, that will be an annual amount, and the \$1.1 is half of a year. So theoretically, if we kept at the same pace, we would be \$2.2 million over by the end of the year.

LINSSEN: Are we budgeting for that settlement?

JOHNSON: We did not have a budget for the CCS settlement; as of this time last year, when we budgeted we did not have final numbers from the years before — they were still working on two years of settlements for 2015 and 2016. Those were not finalized until the end of last year after we had done the budgeting, and that is our basis for estimating now.

LINSSEN: The actual budgeted numbers are still pretty far off.

JOHNSON: Right.

LINSSEN: We are just fortunate these unbudgeted revenues...

JOHNSON: Right. We did not budget anything for those particular... and we have these higher purchase service costs that should be offset by these higher unbudgeted revenues.

PRITZL: We really couldn't look at it and predict very well because WIMCR and CCS settlements have changed so much over time. There was a point before Eric and I were here where we budgeted quite high, and didn't get a very good settlement. There has been a lot of improvement in documentation as well as the State has changed their process for WIMCR cost reporting. In the end, we are starting to do better than what we budgeted, but we don't have a good trend to look at. We will be a lot more aggressive next year.

JOHNSON: And \$500,000 sounds like a lot, but the base payment we will have for the year is just over \$2 million so it is 25% increase at cost reporting related to indirect and administrative costs.

LINSSEN: The adopted budget was a neutral budget, and our year-to-date is already over \$1 million off and we aren't even halfway through the year.

JOHNSON: Correct.

LINSSEN: It's a bit concerning. If you weren't budgeting for that windfall or expecting it.

JOHNSON: It is that windfall in revenues that will roughly offset the higher purchases services that I detailed in the May (2018) report. There are some very high purchase services that were not anticipated because of a higher number of cases and a higher lengths of stays for a lot of these RCC placements. We are fortunate to have that unbudgeted revenue to anticipate offsetting the unbudgeted expenses.

TRAN: The Trump administration was proposing cutting \$2 trillion from the Medicare/Medicaid program over the next 10 years and allocating some of that money to every state -- a certain amount -- and after that they would either cut services or pass it down to the people. Do you foresee that being a problem at all?

JOHNSON: I don't know how many years ago they passed (reductions at the Federal level) where they took 2% off Medicare rates. Medicare is not our highest source of funding, but we do have a significant amount of Medicare patients at both the Nursing Home and the Hospital. Shortfalls in the Medicaid program is probably an equal concern. However, the State of Wisconsin is already known to be one of the worst-funded Medicaid programs. They calculate your costs and pay \$0.85 on the dollar by design. I think Providers will push back if Medicaid is reduced much more; basically saying we can't operate with rates any lower than this or can't accept Medicaid patients anymore. Hopefully that pushback will keep Medicaid rates; finding those dollars elsewhere as needed. That is a hard one to predict.

LINSSEN / TRAN moved to receive the Financial Report and place on file.  
Motion carried unanimously.

**7. Statistical Reports: a, b & c**

Statistical Reports a and c were included within the Agenda Packet. Report b was distributed to Board members.

ANDREWS / LINSSEN moved to suspend the rules and receive Statistical Reports a, b & c together. Motion passed unanimously.

ANDREWS / LINSSEN moved to receive the reports and place on file. Motion passed unanimously.

**8. Request for New Non-Continuous Provider & New Provider Contract:**  
Please refer to the Agenda Packet which includes this information for August.

LAUNDRIE: How long are we going to continue paying \$200,000 to New Mexico? Is that person getting any better with that amount of money we are paying?

PRITZL: I'm trying to remember if it is \$200,000 we are actually paying or if that is the "not to exceed" amount....

LAUNDRIE: It says, "Updated, not to exceed amount."

PRITZL: It will be less than \$200,000. We just talked a lot about children in residential care, and this is a child that is in New Mexico for residential care. I am trying to remember the timeline for discharge...

HOFFMAN: I think it was April or May of next year...

PRITZL: Getting better is a relative term. We continue to actively monitor progress, trying to look for next placement the person, but she is not ready for discharge.

LAUNDRIE: And we could not meet those needs here?

PRITZL: No, this is increasing problem in Wisconsin. We are one of the last of the larger counties to have a child placed out of state in residential care. We only have one; this individual is the only one. Other counties have had placements in Tennessee, Iowa, Minnesota – a couple other states – because our providers have said they just cannot take the child.

ANDREWS: Without breaching privacy of this individual, can you tell us what kind of needs they would have that we cannot meet?

PRITZL: This is more general – I won't talk specifically about this particular person -- usually it is significant behavioral situations, so they can't manage the child's behavior safely for that child or the other children that would be placed in that facility. So it could be one-to-one staffing, it could be restriction – they don't use restraint, RCCs. They are usually behaviors that they just can't manage in our facilities. Usually it is not treatment necessarily because we have facilities that specialize in sexual abuse or sex offending, significant trauma histories... the behaviors are the things we can't manage.

TRAN: So this is because the family's insurance will not cover it?

PRITZL: Insurance typically won't cover a residential care center. You can only be placed into a residential care center by the Court, these are facilities that pass through the Court and are reviewed by the Court. Plus there are permanency reviews every six months, so they are reviewed regularly; these facilities are really only accessible through Youth Justice or Child Protection.

TRAN: When the child turns 18, what happens?

PRITZL: We might still be serving the child in a different setting; typically they are not in institutions past age 18. We haven't hit that problem yet, where we've had to say "what do we do now that the child has turned 18."

LAUNDRIE: If the child has received any special education, aren't we bound to serve that child until 21?

PRITZL: In some situations we go through 21, and typically that is a foster care situation. A lot of our group homes, residential care centers won't have people over the age of 18 because technically they are adults, they can't serve in those settings. So foster care is where we can serve longer.



ANDREWS: Do we have a particular length of time before we have to worry about that? Is this an upcoming problem for us or do we have time to figure this out?

PRITZL: We haven't had this come up. What has happened historically is that at age 18 if there is still that institutional level of care need, it is usually a matter of how do we serve in the adult system and look at other placements like community based residential facility (CBRF), something of that nature.

HYLAND: I am really surprised by this, that we can't handle this here. Decades back when I worked at Brown County Mental Health Center, it seemed like we had such a range of issues and problems that were handled. To go all the way to New Mexico...interesting. I know you can't tell us everything, but I am just really shocked by that.

GRASCHBERGER: How do you decide where they are going to go? New Mexico? Iowa? How do you decide?

PRITZL: What the staff are doing at that point, because you are looking at all options, you are looking for a match for the child and their needs and then trying to find the programming that exists. So I know some programming might be in a smaller settings, so you could look for a smaller scale institution, or more of a focus on traumatic treatments, specialized service...they are trying to match. It is really trying to take the child's needs first. But it is happening in Wisconsin. I don't know how many kids are out of state right now; but five years ago, it was probably zero, but now it is not zero.

JOHNSON: It's partly saturation of the facilities that could have otherwise taken the child, possibly?

PRITZL: We have lost a fair number of residential care center beds over time. It's pretty complex; we don't know why. Some care centers, honestly, will not accept our kids, but will take kids from out of state. It could be related to rate regulation that occurred over time, where you start to cap provider rates and start to have difficulties with how do you manage the populations with rate restrictions that were imposed. That may have had effect on it.

LAUNDRIE: Is that a locked facility? I know we can lock rooms at Family Services Residential. We lock the rooms, but get a buzz sound when an individual escapes. But is this a totally locked facility in their room?

PRITZL: I don't know if this one is or not, but typically they are residential care just like you just described. Not locked, but...

LAUNDRIE: Pseudo-locked...

ANDREWS: Lots of monitoring...

PRITZL: These are professionally staffed, 24/7 operations, but not hospitals.

HYLAND: Winnebago couldn't handle that individual?

PRITZL: Winnebago could, but they wouldn't keep them long-term. They are a psychiatric hospital, like we are a psychiatric hospital. You can't have people long-term in a psychiatric hospital, so you have to find another setting which residential care historically was.

LAUNDRIE: As far as sadness of one of our residents that has to go that far away, it is also a good thing the powers-that-be found a good placement that would best meet the needs because that person is still one of our citizens. So kudos for that.

ANDREWS / LINSSEN moved to receive New Non-Continuous Provider and New Provider Contract Report and place on file. Motion carried unanimously.

9. **Other Matters:**  
Nothing discussed.

Next Meeting: Thursday, September 13, 2018 at 5:15 p.m.  
Community Treatment Center  
3150 Gershwin Drive  
Green Bay, WI 54311

10. **Adjourn Business Meeting:**  
HUXFORD / HYLAND moved to adjourn. Motion passed unanimously.

Vice Chair Paula Laundrie adjourned the meeting at 5:58 p.m.

Respectfully Submitted,  
Catherine Foss  
Office Manager

## BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street  
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Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board  
Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 9, 2018

Re: Executive Director's Report

### Strategic Planning:

Most areas of the department are reviewing plans for the 2018-2022 period to determine focus areas, goals and objectives. Administrators and Program Managers were provided with a framework to focus on that included the following areas:



There will be more to come on the goals and objectives in the coming months.

## **Community Services:**

### *Children, Youth and Families*

There continues to be a high level of workload in Child Protection. Comparing year-to-date 2018 with 2017, there has been an increase in screened in reports (5%), assessed reports for sexual abuse (17%), and assessed reports of emotional damage (26%). Brown County has the 3<sup>rd</sup> highest number of total Protective Services Reports, and the 2<sup>nd</sup> highest number of screened in reports.

A supplement specific to Youth Justice and correctional placements is attached to this report. This was prepared in response to questions related to correctional services utilization by Brown County.

### *Behavioral Health*

The department recently had a Comprehensive Community Services review by the State of Wisconsin. Comprehensive Community Services (CCS) is a program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. Specific to Brown County, CCS revenue is approximately \$3.5 million annually in internally provided and contracted services for people with these needs. The survey was very successful, with no deficiencies noted. This can be attributed to the excellent work by direct services staff, supervisors, and the investment in a Quality Assurance position supported by the County Executive, Human Services Board, Human Services Committee and County Board.

Emergency detentions for mental health continue to trend lower in 2018 compared to 2017. I am waiting to review numbers for July, but adult EM-1s are showing a decrease while child and adolescent detentions are consistent with the prior year. Most detentions (94%) are served by facilities in Brown County.

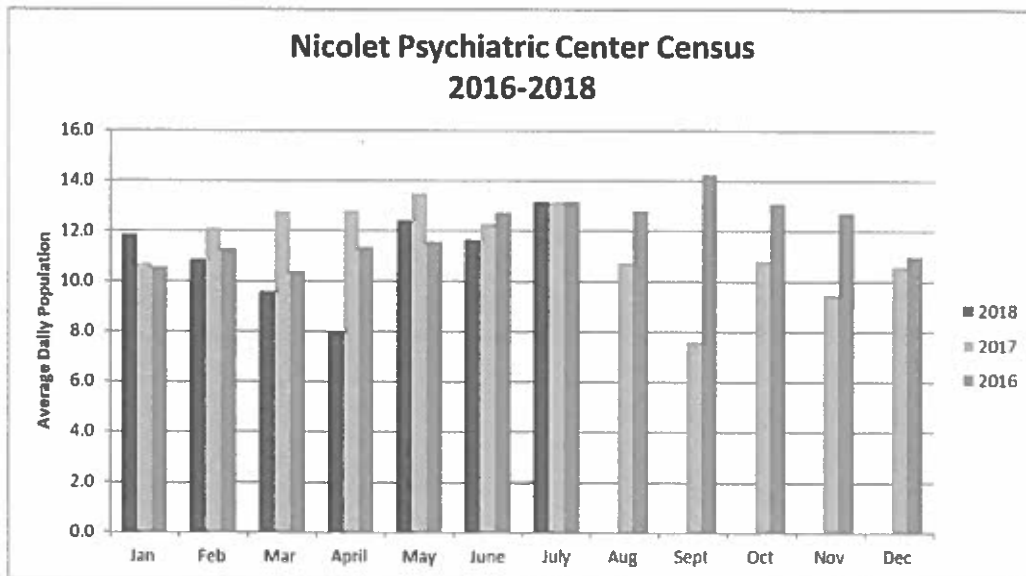
## **Community Treatment Center:**

The recruitment will continue for an administrator at the Community Treatment Center. In the interim period, we will continue the coverage plan outlined in the prior report. If the recruitment does not look to be successful by the end of August, we will work with Human Resources on strategies to address interim coverage and recruiting.

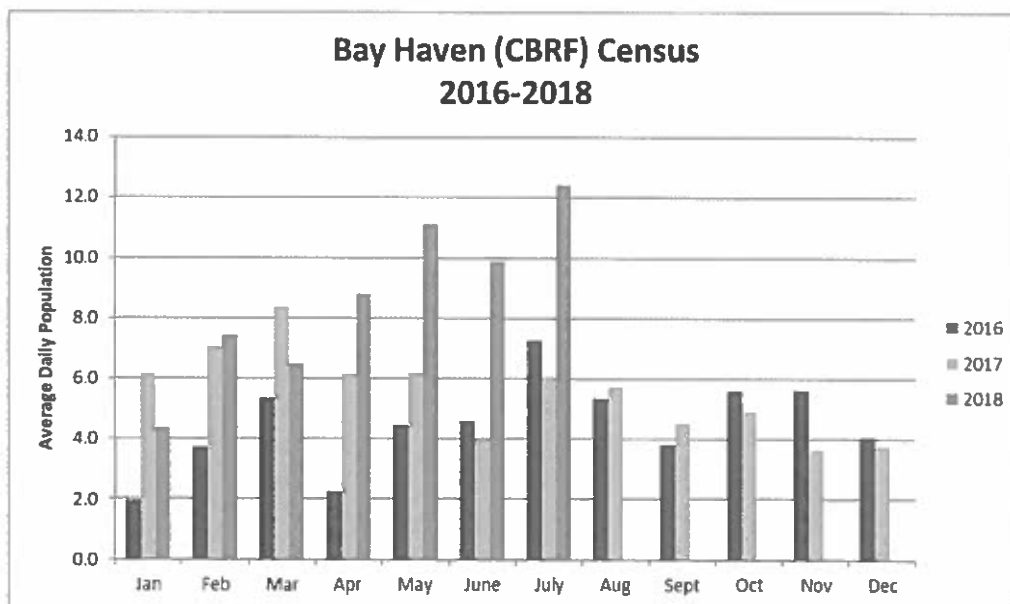
Nursing Home Surveyors did come to Bay Shore Village for the Nursing Home Survey from July 30<sup>th</sup>-August 1<sup>st</sup>. The final results will be communicated to the facility in the near future, but significant citations or deficiencies are not expected. Staff members were well prepared for the survey, and the results are expected to reflect that.

The average daily census at Nicolet Psychiatric Center (NPC) in July was 13.2, a slight increase from last month, and consistent with prior years. Voluntary admissions have accounted for

about 22% of admissions to NPC in 2018, and in raw numbers the voluntary admissions have almost doubled compared to 2017. The chart below provides a visual comparison of the past three years for average daily population.



Bay Haven (CBRF) continues to show higher utilization in 2018, and had an average of 12.4 consumers per day in July. This is the highest utilization of 2018. There continues to be a mix of consumers with crisis stabilization needs, and some Adult Protective Services needs. The chart that follows provides a visual comparison of the past three years.



## BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street  
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Erik Pritzl, Executive Director

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Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board  
Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 9, 2018

Re: Youth Corrections Overview

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The following information is provided as a supplement to the Executive Director's report, and prepared with the assistance of Health and Human Services staff members with oversight over Youth Justice. This information is specific to the topic of Youth Corrections, and in response to committee member questions related to Youth Corrections.

### **Standard Corrections / Department of Juvenile Corrections (Type 1)**

#### **Service Description:**

A Type 1 juvenile correctional facility is operated by the State of Wisconsin and uses physical security mechanisms such as fences and locked doors in addition to control and surveillance by staff members to restrict the liberty of a youth committed to the facility by the court. In Wisconsin, only Lincoln Hills School for boys, Copper Lake School for girls (operated by the Department of Corrections), and the Mendota Juvenile Treatment Center (operated by the Department of Health Services) are Type 1 juvenile correctional facilities.

Youth that can have a disposition to a Type 1 institution must be found to be delinquent for the commission of an act that would be punishable by a sentence of 6 months or more if committed by an adult, and the juvenile has been found to be a danger to the public and to be in need of restrictive custodial treatment. There are specific law violations outlined in WI State Statutes § 938.34(4m) (b) that apply to correctional dispositions.

#### **Utilization:**

The following are the numbers of Brown County Youth placed in all Type 1 facilities including Lincoln Hills, Copper Lake, and Mendota JTC:

- 2012: 5 males and 1 female
- 2013: 3 males and 0 females
- 2014: 6 males and 2 females
- 2015: 7 males and 1 female
- 2016: 1 male and 1 female
- 2017: 4 males and 2 females

Reviewing the past six years, Brown County averages 4.3 males per year, and 1.16 females per year.

The trend that is being seen throughout Brown and surrounding counties is the increase in the higher level offenses by females.

#### Correctional Rates:

Present daily rate set by the Department of Corrections: is \$397.00 per day or \$11,910/ month for a 30-day stay. This rate increased from \$390 per day on 06/30/18 due to operational costs and lower overall census.

#### **Serious Juvenile Offender Program (SJO)**

##### Service Description:

The Serious Juvenile Offender Program (SJOP) is used in situations where juveniles meet specific requirements outlined in WI State Statutes § 938.34(4h) and 938.538. These requirements broadly include being age 14 or older; and that a youth is adjudicated delinquent for committing, or conspiring to commit, specific offenses identified in WI State Statutes § 938.34(4h)(a). Some examples include first or second degree intentional homicide, first degree reckless homicide, felony murder, armed robbery, first degree sexual assault of a child.

Typically, this is a 5 year program that includes a 15-18 month placement in a secure Type 1 facility, followed by an additional 36 -40 months of state after care services that can be offered in any of the following ways:

- Alternate care in a foster home, treatment foster home, group home, child caring institution or SSCI.
- Intensive field supervision, including corrective sanction supervision, after care supervision or electronic monitoring.
- Traditional supervision conditions including AODA services, community service, restitution, education and employment programs set up by the department.

##### Utilization:

The number of Brown County youth adjudicated and referred to the Serious Juvenile Offender Program by year is:

- 2012: 3
- 2013: 8
- 2014: 5
- 2015: 4
- 2016: 2
- 2017: 2

#### **Type 2 Services and Facilities**

##### Service Description:

The "Type 2" designation means that a youth is in a legal status that is similar to Type 1 confinement, notwithstanding the fact that the youth is not placed in a Type 1 facility. Type 2 status is an "institution without walls", so that a youth living in the community in Type 2 status may be returned to (or placed in) a Type 1 facility without an administrative (revocation) or court (change of placement) proceeding.

Generally, a youth may attain Type 2 status through a dispositional order by a county Juvenile Court, being transferred through the Department of Corrections after being committed to the Department of Corrections, or as a participant in the Serious Juvenile Offender Program.

There are only a few Type 2 facilities that are used by Brown County, with the most used facilities being Lad Lake, Rawhide and Homme Home.

#### Utilization:

The following are Brown Co. Type 2 placement status averages:

- 2013: 1
- 2014: 2
- 2015: 2
- 2016: 2
- 2017: 5

#### Residential Care Center Rates:

Residential Care Center daily rates are set by the State of Wisconsin annually, are the daily rate for 2018 is \$395.91.

#### **LAUNCH (Life Achievements Unlocking Change and Healing)**

This is a localized skill based program for youth along with the primary caregiver who meet the same criteria as Lincoln Hills School and Copper Lake. It is an alternative to long-term correction placement.

LAUNCH is a Court Ordered program for 13 – 17 year olds involved in the Juvenile Court system. Once ordered into LAUNCH, youth will be receiving intensive treatment and services to build skills within a supported environment. Success in this program requires commitment and motivation in making positive life changes to help youth stay out of the legal system.

LAUNCH is a family based program. Parents or caregiver(s) are expected to participate in this program with youth. There are multiple meetings per week working on strengthening relationships, improving communication and preparing youth to return home.

LAUNCH provides intensive services and treatment through 4 phases of personal growth. As youth progress through each phase of LAUNCH, youth are preparing to be released into the community with advanced skills, values and goals. This program is self-paced, youth are in charge of how long it takes to graduate. On average, the LAUNCH program should take 12 – 16 weeks to successfully complete.

Each youth prior to the start of the program will get a full risk and needs assessment, mental health evaluation, and an AODA assessment. The results of these assessments will drive individual treatment plans for each youth in the program.

This program began after much research, observation and tours of existing programs in the State, and engaging local stakeholders and professional treatment providers for the program. The program was revamped in late 2015 and began in March of 2016 offering an array of localized community-based services.

To date, just over 30 youth that would have gone into a residential care center or a higher level of restrictive custodial care, have been served by the LAUNCH program.



## BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center  
3150 Gershwin Drive  
Green Bay, WI 54305-2188



Erik Pritzl, Hospital Home Administrator & Samantha Behling, Nursing Home Administrator

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### **August NPC Monthly Report**

1. **Patient Care Issues** – There were no new patient care concerns noted in July.
2. **Contracted Services Issues** – There has been an update on the CTC nurse call-light system. The CTC is expecting replacement call phones as the resolution to on-going issues. The associated cost will factor in the reconfiguration of the system and staff training.
3. **Summary of patient complaints** – There was one patient grievance filed in the month of July on NPC. There was prompt resolution which was accepted by the patient.
4. **Federal/State Regulatory Concerns** – Bayshore Village Nursing Home had their annual CMS State Survey July 30<sup>th</sup>-August 1<sup>st</sup>, 2018. Six State surveyors completed the annual review. As a result, the nursing home is anticipating four low-level citations. Interdisciplinary Team members have already begun planning for the corrections. In the Exit Interview, the surveyors stated that they were impressed with the nursing personnel and their resident interactions. The Wisconsin average for recertification citations in 2018 is currently 5.2 according to the Department of Health Services.
5. **Approval of Medical Staff appointments** – There were two medical staff re-appointments for July: Dr. Koti Mannem, Psychiatrist, and Nicole Welter, APNP. There are no medical staff reappointments for August. The next approvals will occur in September.
6. **Other Business** – None

*Respectfully submitted by: Erik Pritzl and Samantha Behling*

## BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street  
P.O. Box 22188  
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: August 9, 2018

Subject: YTD 6/30/18 Financial Results for Community Treatment Center and Community Programs

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### Community Treatment Center

CTC shows an overall favorable YTD budget variance of \$9,183 including a significant unfavorable variance related to unbudgeted Pension Liability adjustments of \$271,626 for the first 6 months.

Revenues are at 52% of the annual budget which is higher than anticipated at mid-year. Contributing factors include increased Nursing Home and Hospital Medicaid rates, faster processing of Medicaid applications with assistance from a dedicated Economic Support staff member, favorable collections activity, and higher census for the CBRF including days for MCO clients at favorable rates.

Expenses are also at 52% of the budget YTD after adjusting for the encumbrance amount of \$144,974 shown on the income statement which represents future expenditures committed by purchase orders.

2018 YTD census compared to budget is as follows:

<u>Average Daily Census</u>	<u>YTD</u>	<u>Budget</u>
Bayshore Village	61.4	61.4
Nicolet Psychiatric Center	10.7	12.4
Bay Haven CBRF	7.9	6.3

### Community Services

Financial results for Community Services as of 6/30/18 show an unfavorable YTD variance of \$1,153,978 compared to budget. During the budgeting process for 2019 an annual projection for 2018 was completed which shows a significantly lower estimated year-end unfavorable variance of \$264,357 which includes lower purchased service expense during the remainder of the year in a number of categories which have been very high in early 2018. Also, a significant favorable prior year CCS program settlement is anticipated before year end as well as a favorable 2018 year-end reimbursement related to CLTS costs which are eligible for transfer to CCOP funding.

Revenues are at 49% of the annual budget and expenses at 51%, with each of these situations creating an impact of approximately \$500,000 toward the overall budget variance noted above. Along with the anticipated changes noted above for the last half of 2018, increased focus on Juvenile Justice and Child Protection Residential Care Center placements has begun with the goal to reduce length of stay for each of these high cost cases as much as possible.

Respectfully Submitted,

Eric Johnson  
Finance Manager

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## Community Treatment Center

Through 06/30/18  
Prior Fiscal Year Activity Included  
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - Community Treatment									
<b>REVENUE</b>									
Property taxes	3,199,210.00	.00	3,199,210.00	266,600.83	.00	1,599,604.98	1,599,605.02	50	1,500,762.48
Intergov Revenue	4,054,366.00	.00	4,054,366.00	(329,267.00)	.00	1,381,809.00	2,672,557.00	34	1,942,415.38
Public Charges	3,855,542.00	.00	3,855,542.00	1,057,663.88	.00	2,795,759.84	1,059,782.16	73	1,985,221.85
Miscellaneous Revenue	1,824,401.00	3,191.00	1,827,592.00	188,308.61	.00	889,836.30	937,755.70	49	922,786.22
Other Financing Sources	.00	58,565.00	58,565.00	.00	.00	58,565.00	.00	100	.00
<b>REVENUE TOTALS</b>	<b>\$12,933,519.00</b>	<b>\$61,756.00</b>	<b>\$12,995,275.00</b>	<b>\$1,183,306.32</b>	<b>\$0.00</b>	<b>\$6,725,575.12</b>	<b>\$6,269,699.88</b>	<b>52%</b>	<b>\$6,351,185.93</b>
<b>EXPENSE</b>									
Personnel Costs	9,221,503.00	50,529.00	9,272,032.00	854,770.05	.00	4,853,381.04	4,418,650.96	52	4,519,877.72
Operating Expenses	4,336,323.00	11,227.00	4,347,550.00	431,906.21	144,974.56	2,187,714.70	2,014,860.74	54	2,229,430.03
Outlay	25,100.00	.00	25,100.00	.00	.00	.00	25,100.00	0	36,538.62
<b>EXPENSE TOTALS</b>	<b>\$13,582,926.00</b>	<b>\$61,756.00</b>	<b>\$13,644,682.00</b>	<b>\$1,286,676.26</b>	<b>\$144,974.56</b>	<b>\$7,041,095.74</b>	<b>\$6,458,611.70</b>	<b>53%</b>	<b>\$6,785,846.37</b>
<b>REVENUE TOTALS</b>	<b>12,933,519.00</b>	<b>61,756.00</b>	<b>12,995,275.00</b>	<b>1,183,306.32</b>	<b>.00</b>	<b>6,725,575.12</b>	<b>6,269,699.88</b>	<b>52%</b>	<b>6,351,185.93</b>
<b>EXPENSE TOTALS</b>	<b>13,582,926.00</b>	<b>61,756.00</b>	<b>13,644,682.00</b>	<b>1,286,676.26</b>	<b>144,974.56</b>	<b>7,041,095.74</b>	<b>6,458,611.70</b>	<b>53%</b>	<b>6,785,846.37</b>
<b>Grand Totals</b>	<b>(\$649,407.00)</b>	<b>\$0.00</b>	<b>(\$649,407.00)</b>	<b>(\$103,369.94)</b>	<b>(\$144,974.56)</b>	<b>(\$315,520.62)</b>	<b>(\$188,911.82)</b>		<b>(\$434,660.44)</b>



## Community Services

Through 06/30/18  
Prior Fiscal Year Activity Included  
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - Community Services									
<b>REVENUE</b>									
Property taxes	16,172,778.00	.00	16,172,778.00	1,347,731.50	.00	8,086,389.00	8,086,389.00	50	7,771,599.48
Intergov Revenue	33,121,654.00	(229,062.00)	32,892,592.00	2,332,104.52	.00	15,605,451.30	17,287,140.70	47	16,283,489.92
Public Charges	1,883,072.00	275,000.00	2,158,072.00	117,028.13	.00	1,123,089.56	1,034,982.44	52	892,588.66
Miscellaneous Revenue	167,000.00	(40,020.00)	126,980.00	69,015.23	.00	167,625.01	(40,645.01)	132	112,250.70
Other Financing Sources	.00	276,882.00	276,882.00	2,985.39	.00	253,929.67	22,952.33	92	577,137.48
<b>REVENUE TOTALS</b>	<b>\$51,344,504.00</b>	<b>\$282,800.00</b>	<b>\$51,627,304.00</b>	<b>\$3,868,864.77</b>	<b>\$0.00</b>	<b>\$25,236,484.54</b>	<b>\$26,390,819.46</b>	<b>49%</b>	<b>\$25,637,066.24</b>
<b>EXPENSE</b>									
Personnel Costs	19,274,128.00	282,800.00	19,556,928.00	1,621,789.39	.00	9,757,502.32	9,799,425.68	50	9,211,210.36
Operating Expenses	32,046,376.00	.00	32,046,376.00	2,842,995.23	141,118.10	16,609,831.10	15,295,426.80	52	17,024,546.19
Outlay	24,000.00	.00	24,000.00	.00	.00	23,129.50	870.50	96	47,380.60
<b>EXPENSE TOTALS</b>	<b>\$51,344,504.00</b>	<b>\$282,800.00</b>	<b>\$51,627,304.00</b>	<b>\$4,464,784.62</b>	<b>\$141,118.10</b>	<b>\$26,390,462.92</b>	<b>\$25,095,722.98</b>	<b>51%</b>	<b>\$26,283,137.15</b>
<b>REVENUE TOTALS</b>	<b>51,344,504.00</b>	<b>282,800.00</b>	<b>51,627,304.00</b>	<b>3,868,864.77</b>	<b>.00</b>	<b>25,236,484.54</b>	<b>26,390,819.46</b>	<b>49%</b>	<b>25,637,066.24</b>
<b>EXPENSE TOTALS</b>	<b>51,344,504.00</b>	<b>282,800.00</b>	<b>51,627,304.00</b>	<b>4,464,784.62</b>	<b>141,118.10</b>	<b>26,390,462.92</b>	<b>25,095,722.98</b>	<b>51%</b>	<b>26,283,137.15</b>
<b>Grand Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$595,919.85)</b>	<b>(\$141,118.10)</b>	<b>(\$1,153,978.38)</b>	<b>\$1,295,096.48</b>		<b>(\$646,070.91)</b>

Brown County Health and Human Services

**Report of Child Abuse/Neglect or Service Request by Month**

Month	2017	2018	% Change 2017 to 2018
January	456	507	11.18%
February	456	421	-7.68%
March	423	428	1.18%
April	449	429	-4.45%
May	535	497	-7.10%
June	364	316	-13.19%
July	266	270	1.5%
August	347		
September	419		
October	495		
November	431		
December	406		
Total	5047		

**Reports Investigated/Services Offered by Month**

Month	2017	2018	% Change 2017 to 2018
January	141	169	19.86%
February	135	126	-6.67%
March	145	152	4.83%
April	147	156	6.12%
May	156	170	8.97%
June	123	136	10.57%
July	90	114	26.67%
August	117		
September	125		
October	141		
November	126		
December	98		
Total	1544		